[DATE]

Dear [SUPERVISOR]:

I request approval for [ORGANIZATION] to participate in the national [Palliative Care Leadership Centers™ (PCLC)](httphttps://www.capc.org/palliative-care-leadership-centers) training and mentoring initiative. PCLC will provide [ORGANIZATION] with the operational strategy and leadership skills we need to develop and deliver the highest quality, sustainable palliative care program. PCLC significantly shortens ramp-up time and ensures more efficient and cost-effective program development. More than [1,200 U.S. palliative care programs](https://www.capc.org/palliative-care-leadership-centers/see-what-people-are-saying/) have already attended a PCLC training and have established high-impact programs.

Following a two-day training customized to [ORGANIZATION], we will have yearlong access to one-on-one mentoring for ongoing support and technical assistance. PCLC will help ensure that we [LAUNCH/STRENGTHEN] our program to significantly impact patient and clinician satisfaction measures, 30-day readmissions, and the total cost of care for patients in the last year of life. Based on a needs assessment of our program, the training combines a variety of topics customized to our needs, including strategic program design, clinical models and staffing, billing, business and financial planning, team dynamics, metrics and measurement, community partnership development and marketing and education to increase referrals.

The Palliative Care Leadership Centers™—selected by the Center to Advance Palliative Care via a competitive evaluation process—are the nation’s centers of excellence in palliative care. They are located in different settings at [major institutions nationwide](https://www.capc.org/palliative-care-leadership-centers/palliative-care-training-locations/). Each meets the highest standards of clinical excellence, outstanding leadership, reputation, and experience. PCLC faculty are leaders in the field and experts in developing effective palliative care program models.

I am seeking support for [# OF ATTENDEES] staff from [ORGANIZATION] to attend PCLC. By attending PCLC, [ORGANIZATION] will also receive one year of Center to Advance Palliative Care (CAPC) membership at a 50% discount–a critical tool for PCLC training and palliative care program success.

Training and travel budget: [DELETE TRAVEL PORTION IF TRAINING IS VIRTUAL]

* PCLC Tuition:
* Airfare/transportation:
* Hotel accommodations:
* Meals:

TOTAL:

*Note: By attending PCLC training, [ORGANIZATION] will receive a [$DISCOUNT] on CAPC membership.*

Thank you for your consideration.

Sincerely,

[NAME]